

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Y N

Investigation Completed

X

Y N

Investigation Made at Scene

X

Revised

Photographs

X

Fatality

Hit and Run

X

(1) Reporting Agency												Case Number (Agency Use)																											
OKLAHOMA HIGHWAY PATROL												YE00112-20																											
(2) Date of Collision (mm/dd/yyyy)												Time	County Number and Name												Nearest City or Town Number and Name														
08/08/2020												1619	09	CANADIAN												In	70	OKLAHOMA CITY											
(3) Distance from Nearest City or Town Limits												Control #	Int ID	Location	East Grid	North Grid	Administrative																						
												Mi. <input type="checkbox"/> N <input type="checkbox"/> S	Ft. <input type="checkbox"/> E <input type="checkbox"/> W	00	00	00	067	+ 5	026	+ 0	PARIS																		
(4) Street, Road or Highway												Distance from												(Nearest) Intersecting Street, Road or Highway															
KILPATRICK TURNPIKE MILE 113												At	0264	Mi. <input type="checkbox"/> N <input type="checkbox"/> S	Ft. <input type="checkbox"/> E <input type="checkbox"/> W	of NW 36 ST.																							
(5) Unit	Occupants	Type	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)												Sex																				
01	01	D	MILANOVIC	OGNJEN			07/30/1984												M																				
(6) Address												City	State	Zip	Telephone (Use Area Code)																								
3-3 FOUR WINDS DR												NORTH YORK ON (956)888-7269																											
(7) Driver License Number												State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use																				
M42956020840730												ON	A		Z	3	2,4	11	01																				
(8) Ejected Extricated Test (% BAC)												Transported by To Medical Facility												License Plate Number															
Air Bag	1	1	1	5	0.	EMSA	OU HOSPITAL												PA10315																				
(9) VIN												Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.																						
IXKYPDP9X0LJ960146												2020	BLU	0	KW	T680	10	Extent of Damage 4																					
(10) Insurance Company Name												Policy Number												Insurance Telephone (Use Area Code)															
Insurance Verification	3	OLD REPUBLIC INS CO												T70051D												(866)524-1556													
(11) Vehicle Removed by												Owner's Last Name												First	Middle	Suffix													
Driver	ARROW WRECKER												Same as Driver																										
(12) Owner's Address												City	State	Zip	Towed Veh. Type																								
															Oversized Load	0	00	Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>																					
(13) Citation Number												Statute/Ordinance Number	Citation Number												Statute/Ordinance Number														
(14) Unit	Occupants	Type	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)												Sex																				
02	00	C	9				01/01/0001																																
(15) Address												City	State	Zip	Telephone (Use Area Code)																								
												YUKON OK 73099 (405)200-6417																											
(16) Driver License Number												State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use																				
9																0	0	00	00																				
(17) Ejected Extricated Test (% BAC)												Transported by To Medical Facility												License Plate Number															
Air Bag	0	0	0	5	0.														BXZ861																				
(18) VIN												Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.																						
1FMCU0EG5AKC23076												2010	WHI	0	FORD	ESCA	20	Extent of Damage 4																					
(19) Insurance Company Name												Policy Number												Insurance Telephone (Use Area Code)															
Insurance Verification	2	STATE FARM INSURANCE												3623576151												(800)782-8332													
(20) Vehicle Removed by												Owner's Last Name												First	Middle	Suffix													
Driver													Same as Driver	MENDENHALL												EMILY OR MILA													
(21) Owner's Address												City	State	Zip	Towed Veh. Type																								
3704 CATAMARAN DR												YUKON OK 73099												Oversized Load	0	00	Rolled <input type="checkbox"/> Phone present <input type="checkbox"/> Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>												
(22) Citation Number												Statute/Ordinance Number	Citation Number												Statute/Ordinance Number														
(23) Investigating Officer												Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)																						
Wayne Linzy												649	YE	YE	TL	94	08/08/2020																						
Unit Type		Injury Severity		Type of Injury		Driver/Pedestrian Condition						Occupant Protection (OP) In Use																											
D Driver	Z Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk - Internal	05 Under the	08 III (Sick)	00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat																													
P Pedestrian	C Parked Car	1 No Injury	5 Fatal	1 Head	01 Apparently Normal	09 Influence of	09 Dizzy/Faint	01 None Used	06 Restraint Used - Type Unknown	11 Other																													
X Pedestrian	A Animal	2 Possible	9 Unknown	2 Trunk - External	02 Drunken - Ability Impaired	05 Medications	10 Emotional	02 Lap Belt Only	07 Helmet	99 Unknown																													
Convoyance	T Train	3 Non - Incapacitating		5 Legs	03 Odor of Alcohol Beverage	06 Very Tired	11 Other	03 Shoulder Belt Only	08 Child Restraint - Forward Facing																														
B Bicyclist				9 Unknown	04 Illegal Drugs	07 Sleepy	99 Unknown	04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing																														
Air Bag Deployed				Ejected				Chemical Test				Extent of Damage				Insurance Verification				Oversized Load				Towed Vehicle Type															
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)	0 Not Applicable	3 Ejected, Totally 9 Unknown	0 N/A	4 Test Refused	0 N/A	3 Functional	0 N/A	3 Operator	0 N/A	5 Another Vehicle	00 N/A	05 StockTrailer																										
1 Not Deployed	5 Deployed - Combination Deployment Unknown	1 Not Ejected	2 Ejected, Partially	1 No Yes	1 Blood	5 None Given	1 None	4 Disabling	1 No	6 Exempt	01 Boat Trailer	06 Utility Trailer	10 Camping Trailer Combination																										
2 Deployed - Front	3 Deployed - Side	4 Deployed - Deployment Unknown		2 Yes	2 Breath	6 Other	2 Minor	9 Unknown	2 Owner	P Permitted	02 House Trailer	07 HomeMade	11 Other																										
					3 Blood/Breath						03 Barn Trailer	04 Horse Trailer	12 Other																										
											05 Box Trailer	08 Box Trailer	99 Unknown																										

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

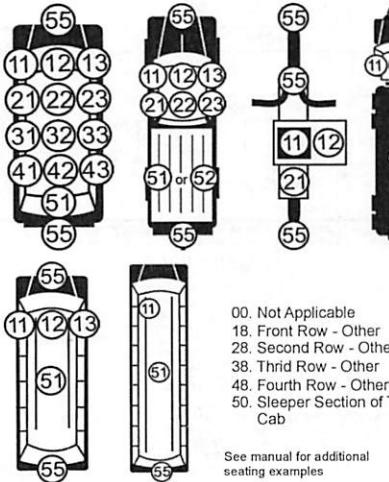
Case Number YE00112-20

(24) Unit	Injured <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh. 00	Last Name OKLA TURNPIKE AUTH	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Witness <input type="checkbox"/>	Prop. Owner <input checked="" type="checkbox"/>							
(25) Address	Same as Driver 3500 N ML KING AVE			City OKLAHOMA CITY	State OK	Zip 73111	Telephone (Use Area Code) (405)425-3600		
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type 20' FENCE	
(27) Unit	Injured <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh. 00	Last Name WINDOM	First CHARLES	Middle E	Suffix	DOB(mm/dd/yyyy)	Sex
00	Witness <input type="checkbox"/>	Prop. Owner <input checked="" type="checkbox"/>							
(28) Address	Same as Driver 3720 CATAMARAN DR			City YUKON	State OK	Zip 73099	Telephone (Use Area Code) (405)474-5404		
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type 24' PICKETT FENCE	
(30) Unit	Injured <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh. 00	Last Name CARR	First EARLENE	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Witness <input type="checkbox"/>	Prop. Owner <input checked="" type="checkbox"/>							
(31) Address	Same as Driver 3716 CATAMARAN DR			City YUKON	State OK	Zip 73099	Telephone (Use Area Code) (405)885-6490		
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type REAR OF HOUSE & FENCE	
(33) Unit	Injured <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh. 00	Last Name LUMAN	First CARRIE	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Witness <input type="checkbox"/>	Prop. Owner <input checked="" type="checkbox"/>							
(34) Address	Same as Driver 3706 CATAMARAN DR			City YUKON	State OK	Zip 73099	Telephone (Use Area Code) (405)882-4427		
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type PERSONAL PROPERTY	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name HL MOTOR GROUP INC	Address 15 OLD COLONY ROAD UNIT 33		
01		State ON	Zip L4E 4	
(37) City	RICHMOND HILL	State ON	Zip L4E 4	
0 - 10K lbs.	<input type="checkbox"/>	Axle Qty. 05	Cargo Body 03	Vehicle Use Interstate Commerce <input checked="" type="checkbox"/>
10,001 - 26K lbs.	<input type="checkbox"/>			Intrastate Commerce <input type="checkbox"/>
GCWR <input checked="" type="checkbox"/>		26K+ lbs. <input checked="" type="checkbox"/>		Other Non-Commercial <input type="checkbox"/>
(38) U.S. DOT Number	2274502	NASI Report Number OK	Placard Number	Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	
(39) Unit	Carrier Name	Address		
(40) City		State	Zip	
0 - 10K lbs.	<input type="checkbox"/>	Axle Qty. 06	Cargo Body 07	Vehicle Use Interstate Commerce <input type="checkbox"/>
10,001 - 26K lbs.	<input type="checkbox"/>			Intrastate Commerce <input type="checkbox"/>
GCWR <input type="checkbox"/>		26K+ lbs. <input type="checkbox"/>		Other Non-Commercial <input type="checkbox"/>
(41) U.S. DOT Number	OK	NASI Report Number	Placard Number	Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	

Position in Vehicle



Vehicle Configuration

00. N/A

01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.

04. Pickup

05. Single Unit Truck, 2 axles

06. Single Unit Truck, 3+ axles

07. School Bus

08. Truck/Trailer

09. Truck-Tractor (Bobtail)

10. Truck-Tractor/ Semi-Trailer

11. Truck-Tractor/ Double

12. Truck-Tractor/ Triple

13. Bus/Large Van 9-15 occupants including driver

14. Bus 16+ occupants including driver

15. Motorcycle

16. Motor Scooter/ Moped

17. Motor Home

18. Farm Machinery

19. ATV

20. SUV

21. Passenger Van

22. Truck more than 10,000 lbs., Cannot Classify

23. Van 10,000 lbs. or Less

24. Other

99. Unknown

Cargo Body Type

00. N/A

01. Bus 9-15 seats

02. Bus 16+ seats

03. Van / Enclosed Box / Stock Trailer

04. Cargo Tank

05. Flatbed

06. Intermodal

07. Dump Truck/ Trailer

08. Concrete Mixer

09. Auto Transporter

10. Garbage/Refuse

11. Hopper (grain/ chips/gravel)

12. Pole Trailer

13. Log Trailer

14. Vehicle Towing Vehicle

15. Other

99. Unknown



Case Number YE00112-20

Latitude 35.5083

Longitude -97.6986

Railroad Crossing Number

Roadway Orientation

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COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	44	71	35	71	44
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
02	34	00	00	00	34	44

00	Not Applicable
10	Overturn/Rollover
11	Fire/Explosion
12	Immersion
13	Jackknife
14	Cargo/Equipment Loss or Shift
15	Equipment Failure (Blown Tire, Brake Failure, etc.)
16	Separation of Units
17	Departed Road Right
18	Departed Road Left
19	Cross Median/Centerline
20	Downhill Runaway

21	Fell/Jumped From Motor Vehicle
22	Thrown Or Falling Object
23	Other Non-Collision
PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:	
30	Pedestrian
31	Pedal Cycle
32	Railway Vehicle (train, engine)
33	Animal
34	Motor Vehicle in Transport
35	Parked Motor Vehicle
36	Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37	Work Zone/Maintenance Equipment
38	Other Non-Fixed Object
FIXED OBJECT:	
40	Barrier (Cable)
41	Barrier (Concrete)
42	Barrier (Other)
43	Fence Pole
44	Fence
45	Traffic Signal Support
46	Traffic Sign Support
47	Utility Pole/Light Support
48	Other Post/Pole/Support
49	Guardrail/Guardrail Face
50	Guardrail End
51	Culvert
52	Curb
53	Island
54	Sand Barrels
55	Impact Attenuator/ Crash Cushion
56	Pavement Drop-Off
57	Ditch
58	Embankment
59	Tree (Standing)
60	Dividing Strip
61	Retaining Wall
62	Bridge Abutment
63	Bridge Pier or Support
64	Bridge Rail
65	Bridge Post
66	Bridge Curb
67	Bridge Super Structure (Beams)
68	Bridge Overhead Structure
69	Delineator
70	Mailbox
71	Other Fixed Object
72	Other Highway Structure
73	Ground
99	Unknown

Remarks

UNIT 1 WAS SOUTHBOUND ON THE KILPATRICK TURNPIKE (JKT) IN THE OUTSIDE LANE. UNIT 1 WENT RIGHT OFF THE ROADWAY JUST AFTER CROSSING SH 66 OP GOING ABOUT 260' THROUGH GRASS EMBANKMENT FIRST STRIKING A FENCE LINE BEHIND 3720 CATAMARAN DR. AOI WAS APPROX 264' NORTH OF THE NORTH EDGE OF NW 36TH ST AND 138' WEST OF THE WEST EDGE OF JKT SB LANES. IN CHRONOLOGY, UNIT 1 WENT THROUGH SECOND FENCE, STRUCK THE REAR OF HOUSE/FENCE 3716 CATAMARAN DR, STRUCK THE FRONT OF DUPLEX 3706 & 3704 CATAMARAN DR, STRUCK UNIT 2 PARKED IN DRIVEWAY OF 3704, STRUCK TREES, MADE A HARD LEFT AT NW 36TH TO THE REAR OF 3700 CATAMARAN DR, STRUCK A SANITARY SEWER THEN CAME TO REST. AOI WAS APPROX 57' NORTH OF THE NORTH EDGE OF NW 36TH AND 129' WEST OF THE WEST EDGE OF JKT SB LANES. UNIT 2 AOR WAS APPROX 75' SOUTH OF ITS IMPACT. PRE-IMPACT THERE IS NO EVIDENCE OF BRAKING OR OPERATOR INPUT. POST IMPACT, ABOUT THE REAR OF 3716 CATAMARAN DR, THERE SEEMS TO BE BOTH STEERING AND BRAKING INPUT. WITNESS STATES SHE SAW UNIT 1 LEAVE THE ROADWAY 'AS IF IT WERE TAKING AN EXIT.' UNIT 1 DRIVER STATES THAT HE DID NOT RECALL EVENTS PRIOR TO THE COLLISION, AND THAT HE HAS NO MEDICAL CONDITION THAT SHOULD HAVE CAUSED UNCONSCIOUSNESS. AFTER EVENT INSPECTION OF UNIT 1 BY TRP

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
PERSONS SUPPLEMENTAL

(42) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	00	MENDENHALL	EMILY					
Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>									
(43) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver		3704 CATAMARAN DR		YUKON	OK	73099	4052006417		
(44) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
									PERSONAL PROPERTY
(45) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	00	PALMER	ASHLYN					
Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>									
(46) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver		3704 CATAMARAN DR		YUKON	OK	73099	4052067131		
(47) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
									PERSONAL PROPERTY
(48) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	00	REYNOLDS	MARIE			10/02/1978	F	
Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>									
(49) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver		517 S PIERCE ST		ENID	OK	73703	5805519510		
(50) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(51) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	00	LUNDY	RANDY	J				
Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>									
(52) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver		11913 DORNICK CIR		OKLAHOMA CITY	OK	73162	4057081517		
(53) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
									DUPLEX OWNER
(54) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	00	OKLAHOMA CITY UTILITIES						
Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>									
(55) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver		420 W MAIN ST		OKLAHOMA CITY	OK	73102	4052972422		
(56) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
									SANITARY SEWER TOP
(57) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
	Injured <input type="checkbox"/> Passenger <input type="checkbox"/>								
Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>									
(58) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver									
(59) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(60) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
	Injured <input type="checkbox"/> Passenger <input type="checkbox"/>								
Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>									
(61) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver									
(62) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(63) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
	Injured <input type="checkbox"/> Passenger <input type="checkbox"/>								
Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>									
(64) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver									
(65) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type
(66) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex	
	Injured <input type="checkbox"/> Passenger <input type="checkbox"/>								
Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>									
(67) Address				City	State	Zip	Telephone (Use Area Code)		
Same as Driver									
(68) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type



RAGLAND S729 DID NOT REVEAL ANY OBVIOUS MECHANICAL DEFECTS. RAGLAND'S INSPECTION REPORT IS #OKI104152005. UNIT 1 DRIVER LOG SHOWS DRIVER HAD BEEN ACTIVE FOR AT LEAST 9 HOURS. INVESTIGATION EVIDENCE POINT TO SLEEPY DRIVER. AERIAL MAPPING AND DIAGRAM ASSISTANCE BY TRP CONWAY #337 (THU) WITH SUPPLEMENTAL REPORT CR03038-20.

PHOTOS WERE TAKEN BY TROOPERS LINZY AND CONWAY, HOMEOWNERS, AND MEDIA AND WERE STORED AT TROOP HQ'S AND INDIVIDUAL DEVICES.

